

CERTIFICATE OF MAILING VIA EXPRESS MAIL

PURSUANT TO 37 C.F.R. § 1.10, I HEREBY CERTIFY THAT I HAVE INFORMATION AND A REASONABLE BASIS FOR BELIEF THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL POST OFFICE TO ADDRESSEE ON THE DATE INDICATED BELOW AND IS ADDRESSED TO:

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PAUL N. KATZ

REG. No. 35,917

AUGUST 30, 2004  
DATE OF MAILING

EV448726795US  
EXPRESS MAIL LABEL

U.S.S.N.:	09/827,558
FILING DATE:	APRIL 6, 2001
APPLICANT:	JOHN KARL WATERMAN
GROUP ART UNIT:	2675
EXAMINER:	LELAND R. JORGENSEN
ATTORNEY DOCKET NO.	075115.0109
TITLE:	"LIQUID CRYSTAL DISPLAY COLUMN CAPACITANCE CHARGING WITH A CURRENT SOURCE"

INCLUDED IN THIS MAILING FOR THE ABOVE-REFERENCED PATENT APPLICATION ARE:

1. RESPONSE TO NON-FINAL OFFICE ACTION MAILED JUNE 18, 2004; AND
2. RETURN RECEIPT POSTCARD TO ACKNOWLEDGE RECEIPT OF ABOVE-LISTED ITEMS.

ATTORNEY CONTACT:	PAUL N. KATZ
	REG. No. 35,917
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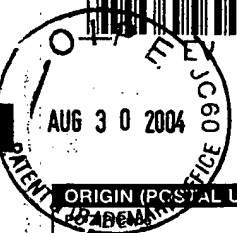
PTO CUSTOMER ID:

**023640**



448726795 US

**Mailing Label**  
Label 11-F June 2002



**Post Office To Addressee**

**ORIGIN (POSTAL USE ONLY)**

Date In Mo. Day Year	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Weight lbs. ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Int'l Alpha Country Code	COD Fee Insurance Fee
Acceptance Clerk Initials		Total Postage & Fees \$

**DELIVERY (POSTAL USE ONLY)**

Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

☐ **WAIVER OF SIGNATURE** (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

Customer Signature

**CUSTOMER USE ONLY**

METHOD OF PAYMENT:  
Express Mail Corporate Acct. No.

Federal Agency Acct. No. or  
Postal Service Acct. No.

**FROM:** (PLEASE PRINT) **Paul N. Katz - 4517**  
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**ONE SHELL PLAZA**  
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**015/15. 0109**

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POSTAGE WILL BE PAID BY ADDRESSEE

**Baker Botts LLP**  
**Patent Department**  
**910 Louisiana**  
**Houston, TX 77002-4995**

